## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                                   |                             |                             |                         |                 |            |          |         |          |
|---|-----------------------------|-----------------------------|-------------------------|-----------------|------------|----------|---------|----------|
| 1 Date of Request: 04/28/08 2 Seria                             |                             |                             | al/Pa                   | tent            | #          |          | 10/6575 | 508      |
| 3 Please refund the following fee(s):                           |                             | 4 PAPER<br>NUMBER           |                         | 5 DATE<br>FILED |            | 6 AMOUNT |         |          |
|   | Filing                      |                             |                         |                 |            |          | \$      |          |
|   | Amendment                   |                             |                         |                 |            |          | \$      |          |
| . X   | Extension of Time           |                             | lF'                     | W               | 02/        | 26/08    | \$      | 1,050.00 |
|   | Notice of Appeal/Appeal     |                             |                         |                 |            |          | \$      |          |
|   | Petition                    |                             |                         |                 |            |          | \$      |          |
|   | Issue                       |                             |                         |                 |            |          | \$      |          |
|   | Cert of Correction/Terminal | Disc.                       |                         |                 |            |          | \$      |          |
|   | Maintenance                 |                             |                         |                 |            |          | \$      |          |
|   | Assignment                  |                             |                         |                 |            |          | \$      |          |
|   | Other                       |                             |                         |                 |            |          | \$      |          |
|   |                             | 7 TOTAL AMOUNT<br>OF REFUND |                         |                 | \$1,050.00 |          |         |          |
|   |                             | 8 TO BE REFUNDED BY:        |                         |                 |            |          |         |          |
| 10 REASON:  |                             | Treasury Check              |                         |                 |            |          |         |          |
|   | Overpayment                 |                             | χ Credit Deposit A/C #: |                 |            |          |         |          |
|   | Duplicate Payment           |                             |                         | 9 5             | 5 0        | 1        | 5       | 6 1      |
| x   | No Fee Due (Explanation):   |                             |                         |                 |            |          |         |          |
| Extension of time not obtainable.                               |                             |                             |                         |                 |            |          |         |          |
|   |                             |                             |                         |                 |            |          |         |          |
|   |                             |                             |                         |                 |            |          |         |          |
| 11 REFUND REQUESTED BY:   |                             |                             |                         |                 |            |          |         |          |
| TYPED/PRINTED NAMES Nancy Johnson TITLE: Sr. Petitions Attorney |                             |                             |                         |                 |            |          |         |          |
| SIGNATURE: PHONE: 571-272-3219                                  |                             |                             |                         |                 |            |          |         |          |
| OFFICE: Office of Petitions                                     |                             |                             |                         |                 |            |          |         |          |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:                       |                             |                             |                         |                 |            |          |         |          |
| APPROVED: DATE:   |                             |                             |                         |                 |            |          |         |          |
| X   |                             |                             |                         |                 |            |          |         |          |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90) Approved for use through 01/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE
Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  FY 2008  {Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).}  | Docket Number (Optional) 088918.020600 |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Application Number 10/657,508   | Filed September 8, 2003                |  |  |  |  |  |  |  |
| For CO-ADMINISTRATION OF A POLYSACCHARIDE WITH A CHEMOTHERAPEUTIC AGENT FOR THE TREATMENT OF CANCER   |  |  |  |  |  |  |  |  |
| Art Unit 1623   | Examiner Eric Olson                    |  |  |  |  |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |  |  |  |  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |  |  |  |  |  |  |
| <u>Fee</u>  | Small Entity Fee                       |  |  |  |  |  |  |  |
| One month (37 CFR 1.17(a)(1)) \$120   | \$60 \$                                |  |  |  |  |  |  |  |
| Two months (37 CFR 1.17(a)(2)) \$460  | \$230                                  |  |  |  |  |  |  |  |
| Three months (37 CFR 1.17(a)(3)) \$1050   | \$525 \$ <u>1050</u>                   |  |  |  |  |  |  |  |
| Four months (37 CFR 1.17(a)(4)) \$1640  | \$820                                  |  |  |  |  |  |  |  |
| Five months (37 CFR 1.17(a)(5)) \$2230  | \$1115 \$                              |  |  |  |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27.  |  |  |  |  |  |  |  |  |
| A check in the amount of the fee is enclosed.   |  |  |  |  |  |  |  |  |
| Payment by credit card. Form PTO-2038 is attached.  |  |  |  |  |  |  |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |  |  |  |  |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1561 . I have enclosed a duplicate copy of this sheet.            |  |  |  |  |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |  |  |  |  |  |  |  |  |
| I am the applicant/inventor.  |  |  |  |  |  |  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |  |  |  |  |  |  |  |  |
| attorney or agent of record. Registration Number 32,938   |  |  |  |  |  |  |  |  |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34  |  |  |  |  |  |  |  |  |
| /barry j schindler/ February 26, 2008   |  |  |  |  |  |  |  |  |
| Signature   | Date                                   |  |  |  |  |  |  |  |
| Barry J. Schindler  | 212-801-2244                           |  |  |  |  |  |  |  |
| Typed or printed name   | Telephone Number                       |  |  |  |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |  |  |  |  |  |  |  |
| Total of forms are submitted.   |  |  |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Rdjustment date: 04/29/2008 AKELLEY If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2. 02/27/2008 INTEFSW 00003633 501561 10657508 02 FC:1253 1050.00 CR